

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Ekanayake et al

Docket No.

JP920000472US1

Serial No.
09/965,938Filing Date
09/27/2001Examiner
Rexford N. BarnieGroup Art Unit
2643

Invention: DATA CONVERSION IN TELECOMMUNICATION SYSTEMS

RECEIVED
CENTRAL FAX CENTER

AUG 25 2004

OFFICIAL

I hereby certify that this Auth. to Act in Representative Capacity, Change of Corr. Addr., Cert. of Facs.
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)on 08/25/04
(Date)

Colleen Bulman

(Typed or Printed Name of Person Signing Certificate)

Colleen Bulman
(Signature)

Note: Each paper must have its own certificate of mailing.

BEST AVAILABLE COPY

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:

E. Kanayake et al

Application No.

09/965,938

Filed:

09/27/2001

Title: DATA CONVERSION IN TELECOMMUNICATION SYSTEMS

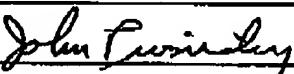
Attorney Docket No.
JP920000472Art Unit:
2643

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
James Boice Dillon & Yudell, LLP 8911 North Capital of Texas Highway, Suite 2110 Austin, TX 78759	Reg. No. 44,545

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	John R. Pivnichny		
Signature		Date	08/24/04
Registration Number	43,001	Telephone	(607) 429-4358

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY